

EPA

March 2006

SEP 10 2006

## RCRAInfo CM&amp;E EVALUATION - VIOLATION FORM

|  |   |  |   |
|--|---|--|---|
| <b>*EPA ID Number</b> <u>TPAD042092239</u>   |   | <b>EIN</b>   |   |
| <b>Handler Name</b> <u>Knight-CeloTex LLC</u>  |   |  |   |
| <b>Street</b> <u>1400 Susquehanna Ave</u>  |   |  |   |
| <b>City</b> <u>Sunbury</u>   | <b>State</b> <u>PA</u>                  | <b>Zip Code</b> <u>17801</u>   |   |
| <b>Actual Generator Status</b><br><small>Check only if different from Notified Status.</small>   |   | <b>LQG</b> <input type="checkbox"/>  | <b>SQG</b> <input type="checkbox"/> <b>CESQG</b> <input checked="" type="checkbox"/> <b>Closed</b> <input type="checkbox"/> <b>Non-Handler</b> <input type="checkbox"/> |
| <b>Universe Change Required?</b><br><small>(Generator Status Change Required)</small>  |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If YES, complete the Universe Change Section (on reverse side of this form).</small>    |   |
| <b>RCRA Non-Notifier?</b>  |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If YES, complete the Handler Section (on reverse side of this form).</small>            |   |
| <b>Other Facility Information Changes?</b>   |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If YES, complete the Handler Section (on reverse side of this form).</small>            |   |
| <b>*EVALUATION</b> <input checked="" type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Delete</b>  |   | <b>You must provide an Evaluation Identifier (also known as the Sequence Number).</b>  |   |
| <b>*Evaluation Identifier</b><br><u>001</u>  | <b>*Type</b><br><u>CEI</u>              | <b>*Evaluation Start Date (mm/dd/yyyy)</b><br><u>06/07/2006</u>  | <b>*Agency</b><br><u>S</u>  |
|  |   | <b>Responsible Person</b><br><u>T.A.M.</u>   | <b>Suborganization</b><br><u>W.M.</u>   |
| <b>Day Zero (mm/dd/yyyy):</b><br><small>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</small> |   | <u>6/7/06</u>  | <b>Reclassified SV Date:</b><br><small>Only applicable for SNY evaluation type as appropriate.</small>  |
| <b>Notes:</b>  |   |  |   |
| <b>Evaluation Indicator Field (Check all that apply)</b>   |   |  |   |
| <input checked="" type="checkbox"/> <b>Citizen Complaint</b> <input type="checkbox"/> <b>Multimedia Inspection</b> <input type="checkbox"/> <b>Sampling</b> <input type="checkbox"/> <b>Not Subtitle C</b>   |   |  |   |
| <b>Focused Coverage Areas (Use Only for Evaluation Type FCI)</b>   |   |  |   |
| <i>Regulation-Specific FCI</i>   |   |  |   |
| BIF <input type="checkbox"/>   | CCI <input type="checkbox"/>            | CFI <input type="checkbox"/>   | INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/>   |
| THI <input type="checkbox"/>   | UIC <input type="checkbox"/>            | UOI <input type="checkbox"/>   | UWR <input type="checkbox"/> OTHER (specify): _____   |
| <i>Routine/Standardized FCI</i>  |   |  |   |
| CAR <input type="checkbox"/>   | CPE <input checked="" type="checkbox"/> | DOS <input type="checkbox"/>   | EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>   |
| <b>Does this Evaluation Add/Update/Delete a Violation?</b>   |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If Yes, fill in the Violations Section(s) on page 2 of this form.</small>               |   |
| <b>Does this Evaluation link to a Commitment?</b>  |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</small> |   |
| <b>Does this Evaluation link to a 3007 Request?</b>  |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</small> |   |
| <b>OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?</b>   |   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>If Yes, fill in information below.</small>  |   |
| <b>*Seq. No.</b>   | <b>*Violation Type</b>                  | <b>*Agency</b>   | <b>*Regulation Citation (Type + Citation) (ex. FR 262.1)</b>  |
|  |   |  | <b>*Date Determined (mm/dd/yyyy)</b>  |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

\*Required Fields

112C

|  |                      |                      |                              |   |                              |  |  |
|--|----------------------|----------------------|------------------------------|---|------------------------------|--|--|
| EPA ID Number  |                      |                      |                              | Handler Name  |                              |  |  |
| <b>VIOLATIONS SECTION</b><br>(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)               |                      |                      |                              |   |                              |  |  |
| VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete   |                      |                      |                              |   |                              | Link to Above Evaluation <input type="checkbox"/>  |  |
| Seq. No  | Violation Type       | Agency               | Determined Date (mm/dd/yyyy) | Return to Compliance (RTC) Qualifier  | Actual RTC Date (mm/dd/yyyy) |  |  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/>         | <input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.  | <input type="text"/>         |  |  |
| Notes: _____   |                      |                      |                              |   |                              |  |  |
| LINK CITATIONS TO ABOVE VIOLATION?   |                      |                      |                              | YES <input type="checkbox"/> NO <input type="checkbox"/>  |                              | If Yes, fill in information below  |  |
| Citation Type  |                      | Citation             |                              | Citation Type   |                              | Citation   |  |
| <input type="text"/>   |                      | <input type="text"/> |                              | <input type="text"/>  |                              | <input type="text"/>   |  |
| <input type="text"/>   |                      | <input type="text"/> |                              | <input type="text"/>  |                              | <input type="text"/>   |  |
| VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete   |                      |                      |                              |   |                              | Link to Above Evaluation <input type="checkbox"/>  |  |
| Seq. No  | Violation Type       | Agency               | Determined Date (mm/dd/yyyy) | Return to Compliance (RTC) Qualifier  | Actual RTC Date (mm/dd/yyyy) |  |  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/>         | <input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.  | <input type="text"/>         |  |  |
| Notes: _____   |                      |                      |                              |   |                              |  |  |
| LINK CITATIONS TO ABOVE VIOLATION?   |                      |                      |                              | YES <input type="checkbox"/> NO <input type="checkbox"/>  |                              | If Yes, fill in information below  |  |
| Citation Type  |                      | Citation             |                              | Citation Type   |                              | Citation   |  |
| <input type="text"/>   |                      | <input type="text"/> |                              | <input type="text"/>  |                              | <input type="text"/>   |  |
| <input type="text"/>   |                      | <input type="text"/> |                              | <input type="text"/>  |                              | <input type="text"/>   |  |
| <b>HANDLER SECTION (Fill out if RCRA Non-Notifier)</b>   |                      |                      |                              |   |                              |  |  |
| Handler Name   |                      |                      |                              | Contact   |                              |  |  |
| Street   |                      |                      |                              |   |                              |  |  |
| City   |                      |                      |                              | State   |                              | Zip Code   |  |
| County   |                      |                      |                              |   |                              |  |  |
| <b>UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)</b>  |                      |                      |                              |   |                              |  |  |
| i. Indicate the Facility's current Universe(s):  |                      |                      |                              |   |                              |  |  |
| ii. Indicate the new RCRAInfo Generator Universe:<br>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form. |                      |                      |                              | LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/><br>Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>  |                              |  |  |
| iii. Indicate the new transporter status:<br>(Only fill out if the facility requires a transporter status change)                                  |                      |                      |                              | Transporter <input type="checkbox"/><br>If the transporter box is checked, you must check at least one mode of transportation below:<br><input type="checkbox"/> Air <input type="checkbox"/> Water<br><input type="checkbox"/> Rail <input type="checkbox"/> Other<br><input type="checkbox"/> Highway |                              | Non-Transporter <input type="checkbox"/><br>Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste. |  |

\*Required Fields



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date: 6/7/06

Time Start: 9:28 A.M.

Time Finished:

11:00 A.M.  
Insp. I.D. - 1541288

**HAZARDOUS WASTE INSPECTION REPORT  
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR**

Company Name Knight-Celotex LLC ID Number PAD042092239  
Address 1400 Susquehanna Ave. P.O. Box 267  
County Northumberland Municipality Sunbury City ZIP 17801  
Name of Inspector Todd A. Miller  
Name & Title of Responsible Official John Silvestri, Corporate Environmental  
Person Interviewed Kevin Snyder Telephone 570-286-5831  
Mailing Address (if different from above) same  
Amount of Hazardous Waste Generated per Month: <100 kg <220 lbs  
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No ☐ Not Determined  
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐  
Universal Waste Types Not Determined

**1. Waste Handling Method:**

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.  
☐ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim status under Chapter 265.  
☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).  
☐ Off-Site in a permitted municipal or industrial facility in another state.  
☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.  
☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

**2. Hazardous Waste Transportation: Self Transportation ☐ Yes ☒ No**

If No: Transporter Name Zep  
License Number \_\_\_\_\_

**3. Types of hazardous waste generated and destination facility (location & type).**

| Waste Code                | Waste Description | Destination Facility |
|---------------------------|-------------------|----------------------|
| Not Determined as of yet. |                   |                      |
|                           |                   |                      |
|                           |                   |                      |
|                           |                   |                      |
|                           |                   |                      |
|                           |                   |                      |

## INSPECTION REPORT COMMENTS

Date of Inspection 6/7/06

Identification Number PAD042092239

Company/Facility/Site Name Knight-Celotex LLC

The Department conducted an unannounced routine inspection of the aforementioned facility.

Upon investigation of the complaint the Department observed the following:

1. The Department observed that the facility had a parts washer that has recently been taken out of service. The parts washer is now waiting for Safety Kleen to come and remove it from site.
2. The facility has now received a new parts washer which is supplied by ZEP. The facility informed the Department that the new Zep parts washer is a water based parts washer. Any waste that is generated by the parts washer is considered to be non-hazardous according to the facility. The only waste that comes off of the Zep parts washer is the filter which is landfillable. The actual water based solvent never is removed from the cleaner.
3. The Department was also informed by the facility that it has switched to Recoil Inc. for disposal of all of it's waste oil. The facility stated that in May 2006, Recoil had come to remove some waste oil at the site. When Recoil tested the oil with a dexil kit, it showed up as a hazardous waste. The facility stated that it believed there was some residual morpholine in the drum when the product was removed for it's boiler area. The morpholine is a product used in the boilers. The drum was then used to collect waste oil. The facility also stated that it's possible that some antifreeze was also mixed in with the waste. After the drum was determined to be a hazardous waste the facility had Saftey Kleen Corporation come to the site and remove the waste as hazardous. The manifest for this removal is attached to this report.
4. The Department observed that the facility produces very little if any hazardous waste and recommends that the facility change it's status to Conditionally Exempt Small Quantity Generator. As of now the facility is considered a Small Quantity Generator.
5. The Department observed no violations with the facility's hazardous waste management at the time of this inspection.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature)

Kevin Snyder

Date 6/7/06

Inspector (Signature)

Todd A. Miller

Date 6/7/06

Page \_\_\_\_\_ of \_\_\_\_\_



Safety-Kleen Systems, Inc  
5400 Legacy Drive  
Plano, TX 75024

DUNS NO: 05-397-6551  
FED ID NO: 39-6090019

Page 1 of 1  
ORIGINAL INVOICE

|   |                   |                                   |                                     |
|---|-------------------|-----------------------------------|-------------------------------------|
| SK SERVICE FACILITY:<br><b>BR New Kingstown</b> | TAX STATUS/NUMBER | INVOICE DATE<br><b>05/19/2006</b> | Invoice Number<br><b>0031789513</b> |
| FACILITY PHONE NUMBER:<br><b>717-697-9783</b>   | VENDOR NUMBER:    | TERMS:<br><b>Net 30</b>           |                                     |

003181 2 MB 0.563 3181/003181/003458 015 4 6142001  
CELOTEX INC  
1400 SUSQUEHANNA AVE  
SUNBURY PA 17801-1160

SERVICE LOCATION

CELOTEX INC  
1400 SUSQUEHANNA AVE  
SUNBURY, PA 17801-1160



|                                      |                                      |                                   |  |
|--------------------------------------|--------------------------------------|-----------------------------------|--|
| ACCOUNT NUMBER:<br><b>0000059166</b> | SERVICE NUMBER:<br><b>0000059166</b> | LOCATION NUMBER:<br><b>206701</b> | SPECIAL BILLING CODE:<br><b>003 30</b> |
|--------------------------------------|--------------------------------------|-----------------------------------|--|

|                          |                                |                  |
|--------------------------|--------------------------------|------------------|
| Department: 00           | Department Name:               | PO Number:       |
| Service Date: 05/17/2006 | Service Doc Number: 0031789513 | Manifest Number: |
| Release Number:          | Transporter:                   |                  |

| QUANTITY         | DESC./REFERENCE NUMBER  | PRICE PER   | SALES TAX | ITEM TOTAL        |
|------------------|---|-------------|-----------|-------------------|
| 1.000            | FEE, FUEL SURCHARGE<br>000100001-00-000000000-00000000  | 9.8500 EA   | 0.00      | 9.85              |
| 1.000            | EXTENDED SERVICE AREA FEE<br>000010044-00-000000000-00000000                                      | 10.0000 EA  | 0.00      | 10.00             |
| 6.000            | FUEL BLEND LIQ >12000 55GL<br>000088888-13-040144022-0875000<br>0200094658<br>WASTE HYDRAULIC OIL | 301.9900 DR | 0.00      | 1,811.94          |
| INVOICE SUBTOTAL |   |             |           | 1831.79           |
| TOTAL TAX        |   |             |           | 0.00              |
| INVOICE TOTAL    |   |             |           | <b>\$1,831.79</b> |

RECEIVED

MAY 30 2006

SUNBURY PLANT

Comments:

PLEASE RETURN THIS PORTION WITH PAYMENT. MAKE ANY ADDRESS CORRECTIONS BELOW

CELOTEX INC, 1400 SUSQUEHANNA AVE, SUNBURY, PA 17801-1160

| ACCOUNT NUMBER    | INVOICE NUMBER    | INVOICE DATE      | SERVICE NUMBER    | AMOUNT PAID |
|-------------------|-------------------|-------------------|-------------------|-------------|
| <b>0000059166</b> | <b>0031789513</b> | <b>05/19/2006</b> | <b>0000059166</b> |             |

000317895130000059166300001831798

PO Box 382066  
Pittsburgh, PA 15250-8066



AMOUNT DUE  
**\$1,831.79**

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Bureau of Land Recycling and Waste Management  
P.O. Box 8550  
Harrisburg, PA 17105-8550

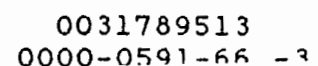
OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved.  
OMB No. 2050-0039

2500-EMLRW00051 REV. 7/99 2-067-01

|   |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
|---|--|---|--|---------------------------------------|--|---|--|---|--|-----------------|--|-----------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>PAD042092239</b> |  | Manifest Document No.<br><b>84513</b> |  | 2. Page 1 of 1  |  | Information within the bold red border is not required by Federal law but may be required by State law. |  |                 |  |                                   |  |
| 3. Generator's Name and Mailing Address<br><b>CELOTEX INC<br/>PO BOX 267<br/>SUNBURY PA 1400 SUSQUEHANNA ST.<br/>17801-0267</b>   |  |   |  |                                       |  | A. State Manifest Document Number<br><b>PAH235540</b>   |  |   |  |                 |  |                                   |  |
| 4. Generator's Phone (570) 286-5831   |  |   |  |                                       |  | B. State Gen. ID  |  |   |  |                 |  |                                   |  |
| 5. Transporter 1 Company Name<br><b>SAFETY-KLEEN SYSTEMS, INC</b>   |  |   |  |                                       |  | 6. US EPA ID Number<br><b>TXR000050930</b>              |  |   |  |                 |  |                                   |  |
| 7. Transporter 2 Company Name<br><b>SJ TRANSPORTATION</b>   |  |   |  |                                       |  | 8. US EPA ID Number<br><b>KYD053348108</b>              |  |   |  |                 |  |                                   |  |
| 9. Designated Facility Name and Site Address<br><b>SAFETY-KLEEN SYSTEMS, INC.<br/>3700 LAGRANGE ROAD<br/>SMITHFIELD KY 40068</b>  |  |   |  |                                       |  | 10. US EPA ID Number<br><b>KYD053348108</b>             |  |   |  |                 |  |                                   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)<br><b>HAZARDOUS WASTE, LIQUID, N.O.S.<br/>(CHROMIUM, LEAD) 9 NA3082 PG III<br/>(ERG#171)</b>   |  |   |  |                                       |  | 12. Containers<br>No. Type                              |  | 13. Total Quantity  |  | 14. Unit Wt/Vol |  | 1. Waste No.                      |  |
| a. <b>X</b>   |  |   |  |                                       |  | DM  |  |   |  | P               |  | D006                              |  |
| b. <b>WASTE OIL<br/>(NOT RCRA REGULATED)</b>  |  |   |  |                                       |  | 006 DM  |  | 2700  |  | P               |  | NONE                              |  |
| c.  |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| d.  |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| J. Additional Descriptions for Materials Listed Above<br><b>IA) D008</b>  |  |   |  |                                       |  | K. Handling Codes for Wastes Listed Above<br><b>S01</b> |  |   |  |                 |  |                                   |  |
| 15. Special Handling Instructions and Additional Information<br><b>EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.<br/>SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.<br/>SAMPLE A. 40144026 B. 40144022</b>  |  |   |  |                                       |  | MFST R/T#107327472 0000-0591-66                         |  |   |  |                 |  |                                   |  |
| SKDOT# A. 22284 B. 168477 C:  |  |   |  |                                       |  | D:  |  |   |  |                 |  |                                   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| Printed/Typed Name<br><b>John T. Burns</b>  |  |   |  |                                       |  | Signature<br><i>[Signature]</i>                         |  |   |  |                 |  | MONTH DAY YEAR<br><b>05 18 06</b> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Chris Kuffma</b>  |  |   |  |                                       |  | Signature<br><i>[Signature]</i>                         |  |   |  |                 |  | MONTH DAY YEAR<br><b>05 18 06</b> |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>F. Cape</b>   |  |   |  |                                       |  | Signature<br><i>[Signature]</i>                         |  |   |  |                 |  | MONTH DAY YEAR<br><b>05 24 06</b> |  |
| 19. Discrepancy Indication Space  |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name<br><b>John</b>  |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| Signature<br><i>[Signature]</i>   |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |
| MONTH DAY YEAR<br><b>05 24 06</b>   |  |   |  |                                       |  |   |  |   |  |                 |  |                                   |  |

PAH 235540







PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Bureau of Land Recycling and Waste Management

P.O. Box 8550

Harrisburg, PA 17105-8550

OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved.

OMB No. 2050-0039

2500-FM-LRWM0051 REV. 7/93

2-067-01

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>PAD042092239</b> | 2. Page 1 of 1  | Information within the bold red border is not required by Federal law but may be required by State law. |  |
| 3. Generator's Name and Mailing Address<br><b>CELOTEX INC<br/>PO BOX 267<br/>SUNBURY PA 17801-0267</b>  |  |   | A. State Manifest Document Number<br><b>PAH235540</b>   |   |  |
| 4. Generator's Phone<br><b>(570)286-5831</b>  |  |   | B. State Gen. ID  |   |  |
| 5. Transporter 1 Company Name<br><b>SAFETY-KLEEN SYSTEMS, INC</b>   |  |   | 6. US EPA ID Number<br><b>TXR000050930</b>  |   |  |
| 7. Transporter 2 Company Name   |  |   | C. State Trans. ID<br><b>PA-AH 0172</b>   |   |  |
| 9. Designated Facility Name and Site Address<br><b>SAFETY-KLEEN SYSTEMS, INC.<br/>3700 LAGRANGE ROAD<br/>SMITHFIELD KY 40068</b>  |  |   | D. Transporter's Phone<br><b>717 697-9783</b>   |   |  |
| 10. US EPA ID Number<br><b>KYD053348108</b>   |  |   | E. State Trans. ID<br><b>PA-AH</b>  |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)<br><b>HAZARDOUS WASTE, LIQUID, N.O.S.<br/>(CHROMIUM, LEAD) 9 NA3082 PG III<br/>(ERG#171)</b>   |  |   | F. Transporter's Phone ( )  |   |  |
| 12. Containers<br>No. Type  |  |   | 13. Total Quantity  |   |  |
| 14. Unit Wt/Vol   |  |   | 15. Waste No.   |   |  |
| a. X  |  |   | D006  |   |  |
| b. WASTE OIL<br>(NOT RCRA REGULATED)  |  |   | D007  |   |  |
| c.  |  |   | NONE  |   |  |
| d.  |  |   |   |   |  |
| J. Additional Descriptions for Materials Listed Above<br><b>A) D008</b>   |  |   | K. Handling Codes for Wastes Listed Above<br><b>S01</b>   |   |  |
| 15. Special Handling Instructions and Additional Information<br><b>EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.<br/>SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.<br/>SAMPLE A. 40144026 B. 40144022</b> |  |   | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |   |  |
| Printed/Typed Name<br><b>John T. B...</b>   |  |   | Signature<br><b>[Signature]</b>   |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Chris K...</b>  |  |   | Signature<br><b>[Signature]</b>   |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  |   | Signature   |   |  |
| 19. Discrepancy Indication Space  |  |   |   |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name  |  |   | Signature   |   |  |

PAH 235540



# **Knight-Celotex - Sunbury 93**

1400 Susquehanna  
Sunbury PA 17801

(570) 286-5831

|                   |                  |
|-------------------|------------------|
| PURCHASE ORDER    |                  |
| PURCHASE ORDER TO | <b>PO0017053</b> |
| Date              | 5/22/2006        |

Exchange Rate 0.0000000

## **Vendor:**

SAFETY KLEEN CORP  
P O BOX 382066  
Pittsburgh PA 15250-8066

## **Ship To:**

Knight-Celotex - Sunbury 93  
1400 Susquehanna  
Sunbury PA 17801

^ Changed Since the Previous Revision

| Shipping Method |             | Payment Terms                       | Confirm With      |                  | Page       |            |
|-----------------|-------------|-------------------------------------|-------------------|------------------|------------|------------|
|                 |             | NET 30 DAYS                         |                   |                  | 1          |            |
| LN              | Item Number | Description                         | Req. Date         | Quantity Ordered | Unit Price | Ext. Price |
|                 |             | Reference Number                    | FOB               |                  |            |            |
| 1               | 9360510465  | DISPOSAL OF WASTE OIL<br>9360510465 | 5/22/2006<br>None | DRM<br>6         | \$302.00   | \$1,812.00 |

All invoices, packing lists, and shipping containers must show our purchase order number.

|                |            |
|----------------|------------|
| Subtotal       | \$1,812.00 |
| Trade Discount | \$0.00     |
| Freight        | \$0.00     |
| Miscellaneous  | \$0.00     |
| Tax            | \$0.00     |
| Order Total    | \$1,812.00 |

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date